

FULL-SERVICE LAB

The Sleep Disorder Center at Hamilton Medical Center is fully equipped to educate, diagnose and treat sleep disorders. A sleep study is useful in uncovering hidden health issues such as:

- Obstructive Sleep Apnea
- Narcolepsy
- Periodic Limb Movements
- Restless Legs Syndrome
- REM Behavior Disorder
- Sleepwalking and Other Disturbances

HOW TO GET HELP

Your family physician can refer you for sleep testing or for a consultation with a sleep specialist that has training in sleep disorders medicine. This physician can diagnose sleep disorders as well as prescribe a treatment plan.

A sleep study is considered an outpatient procedure. Please check with your current insurance carrier for the specific coverage information. Hamilton Medical Center Sleep Disorders Center is available to assist you with any questions you or your insurance carrier may have. A separate charge is billed from the physician for diagnosis treatment and sleep study interpretation fees.

If you or someone you know suffers from a sleep-related disorder, please call the Sleep Disorder Center at **706-278-4757** for more information.

NARCOLEPSY



**HAMILTON
MEDICAL CENTER**

Sleep Disorders Center
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SLEEP DISORDERS CENTER

EPIDEMIOLOGY

Narcolepsy is a frequent disorder: it is the second leading cause of excessive daytime sleepiness diagnosed by sleep centers after obstructive sleep apnea. Studies on the epidemiology of narcolepsy show an incidence of 0.2 to 1.6 per thousand in European countries, Japan and the United States, a frequency at least as large as that of Multiple Sclerosis. In many cases, however, diagnosis is not made until many years after the onset of symptoms. This is often due to the fact that patients consult a physician after many years of excessive sleepiness, assuming that sleepiness is not indicative of a disease.

SOCIOECONOMIC IMPACT

Narcolepsy is a very disabling and underdiagnosed illness: the effect of narcolepsy on its victims is devastating. Studies have shown that even treated narcoleptic patients are often markedly psychosocially impaired in the area of work, leisure, interpersonal relations, and more prone to accidents. These effects are even more severe than the well-documented deleterious effects of epilepsy when similar criteria are used for comparison.

The large majority of narcoleptic patients in this country are still undiagnosed, and narcoleptic subjects are most often diagnosed only after many years of struggle. In one recent study, the mean number of years between the onset of symptoms and correct diagnosis was 14 years. Since the symptoms of narcolepsy usually appear during adolescence, this means that the most narcoleptic impact of the disease is on their personal and professional development.

SYMPTOMS

The main symptoms of narcolepsy are excessive daytime sleepiness and abnormal REM sleep: Narcolepsy is not only a serious and common medical problem, it also offers basic sleep researchers a unique opportunity to gather new information on the central mechanisms regulating REM sleep and alertness. Since the 1960's

it has been known that several of the disabling symptoms of narcolepsy, such as: sleep paralysis, cataplexy and hypnagogic hallucinations, are pathological equivalents of REM sleep. In sleep paralysis, a frightening symptom considered to be an abnormal episode of REM sleep atonia, the patient suddenly finds himself unable to move for a few minutes,



most often upon falling asleep or waking up. During hypnagogic hallucinations, patients experience dream-like auditory or visual hallucinations, while dozing or falling asleep. Cataplexy, a pathological equivalent of REM sleep atonia unique to narcolepsy, is a striking, sudden

episode of muscle weakness triggered by emotions. Typically, the patient's knees buckle and may give way upon laughing, elation, surprise or anger. In other typical cataplectic attacks the head may drop or the jaw may become slack. In severe cases the patient might fall down and become completely paralyzed for a few seconds to several minutes. Reflexes are abolished during the attack.

DIAGNOSIS

Narcolepsy can be diagnosed using specific medical procedures: the diagnosis of narcolepsy is usually easy if all the symptoms of the illness are present. More often, however, the symptoms of dissociated REM sleep such as cataplexy are mild, and a nocturnal polysomnogram, followed by the multiple sleep latency test (MSLT) is suggested. This test, performed at Hamilton Medical Center Sleep Disorders Center, will confirm the daytime sleepiness by showing a short sleep latency of usually less than 5 minutes, as well as an abnormally short latency prior to the first REM period (SOREMPs). Other causes of daytime sleepiness, such as sleep apnea or periodic leg movements, are also excluded by the nocturnal recording.